

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

September 5, 2002

Dave Heineman  
Lieutenant Governor  
Room 2315  
Capitol Building  
INTEROFFICE MAIL

Dear Lt. Governor Heineman:

The World Health Assembly officially certified the global eradication of smallpox in May 1980. As a result, immunization campaigns against this disease were ended and the only remaining stocks of actual smallpox viruses were secured for research purposes in the United States and the Soviet Union. Recently suggestions have been made that the “research” conducted with smallpox virus stocks in the Soviet Union included the possible reintroduction of this virus back into the world’s population as a biological weapon. The Advisory Committee on Immunization Practices (ACIP), in a statement published in June 2001, recommended that since the vaccine itself can cause severe reactions, including death of the vaccine recipient, and since there are currently no reported cases of disease, only laboratory workers who handle smallpox virus cultures should be immunized. As a result of September 11 and also as a result of Anthrax as a bioterrorism weapon, the potential use of smallpox virus as a bioterrorism agent, has been a focus of concern for the CDC. In June 2002, the ACIP published a draft of a new smallpox statement suggesting that vaccination should be recommended for persons pre-designated by the appropriate bioterrorism and public health authorities to conduct investigation and follow-up of initial smallpox cases that would necessitate direct patient contact. These Smallpox Response Teams might include persons designated as medical team leader, public health advisor, medical epidemiologists, disease investigators, diagnostic laboratory scientist, nurses, personnel who would administer smallpox vaccines, and security/law enforcement personnel. Such teams may also include medical personnel who would assist in the evaluation of suspected smallpox cases.

To begin planning for the identification and possible immunization of a Nebraska Smallpox Response Team, Dr. Richard Ra6ymond and Dr. Joann Schaefer, HHSS Chief Medical Officer and HHSS Deputy Chief Medical Officer, convened an advisory panel at

Mahoney State Park on August 15, 2002. The committee's charge was to prioritize a limited amount of smallpox vaccine in a pre-event (no reported disease) scenario only. Committee members representing the medical community, law enforcement, bioethics, National Guard, first responders, minority health, and other health related, urban and rural providers, debated the pros and cons of who should be offered smallpox vaccine and thus necessarily become the first to investigate the potential reintroduction of smallpox in Nebraska. A list of members is attached.

Since no guidance has yet been received from CDC regarding this issue, the committee debated priorities using three different initial vaccine amounts: 500 doses, 1000 doses, and 1500 doses. It is anticipated that the least amount of vaccine Nebraska would receive is 500 doses and this amount was the hardest for the committee to prioritize. The results of the committee's recommendations for the 500 dose scenario is detailed on the two attached pages. 500 dose scenarios were used because each reconstituted vial of vaccine will contain 500 doses.

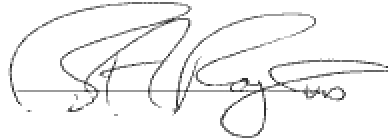
Much time was spent weighing the risks and benefits of various strategies, with input from all participants. Issues struggled with included: risks associated with receiving vaccine; the idea of losing manpower during an event because of vaccine reactions; and strategic placement of vaccine across the state and across specialties. Additionally, disease investigators will have to be protected prior to an event because they will always have exposure risks and we will be unable to lose any of their manpower during an event. On the other hand, we will not be able to vaccinate every health care provider unless large numbers of vaccine are made available.

The Smallpox Advisory Committee felt that vaccine should be distributed among health care providers across the state who might first encounter the potential smallpox cases. Additionally, hospital providers vaccinated could provide relief to a hospital contaminated with a smallpox victim, protecting the health care workers not vaccinated pre-event. Vaccine would then be offered to pre-designated individuals who would transport patients to receiving hospitals with additional vaccine going to pre-identified individuals within the hospitals themselves. The remainder of the vaccine would be used for the Public Health Strike Team who would then investigate the potential cases, coordinate the outbreak response, begin the criminal investigation, contact the CDC for assistance, order in additional vaccine supplies, and assist communities with the immunization of both exposed individuals and others.

The term "first responders" is a term being used to identify who should be vaccinated prior to an event. This term is usually associated with emergency medical responders (i.e. ambulance crews), police and firefighters. To limit confusion and controversy when presenting the findings of the advisory group, we recommend using the terminology "Public Health Strike Force".

In the actual event of proven smallpox, a definite, intentional bioterroristic act of war, the CDC will provide further guidance concerning possible mass vaccination. This plan provides limited protection in the unlikely event that the initial case(s) were to be present in Nebraska.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Raymond', written over a horizontal line.

Richard A. Raymond, M.D.  
Chief Medical Officer

Attachments